

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Th</i>	<i>GSP</i>	<i>9/18/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>65455</i>	<i>10/27</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here